

Effective January 1, 2003

1043252

5-0221-001

(Column 1)

(Column 2)

TOTAL CLAIMS	22	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	22 - minus 20 =	2
INDEPENDENT CLAIMS	2 - minus 3 =	7
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

• If the difference in column 1 is less than zero, enter "0" in column 2

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
	Total	Independent	Minus	Equals	
	11	2	Minus	22	
			Minus	3	

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

SMALL ENTITY
TYPE ☐

OTHER THAN
OR SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	375.00	OR	BASIC FEE	750.00
X\$ 9=	1800	OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL	393.40	OR	TOTAL	

SMALL ENTITY

OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDITIONAL FEE		OR	TOTAL ADDITIONAL FEE	

ADD-

	ADDI
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RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDITIONAL FEE		OR	TOTAL ADDITIONAL FEE	

	ADDL
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ADD

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDITIONAL FEE		OR	TOTAL ADDITIONAL FEE	

* If the entry in column 1 is less than the entry in column 2, write 'V' in column 3:

* If the Highest Number Previously Paid For in THIS OFFICE is less than 20, enter "20."

*The highest number randomly found for BLIND SPACE is less than 2, only 3.

The Highest Number Previously Filled For (Total or Independent) is the highest number listed in the appropriate box in column 1.

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